DLN: 93493261010752

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 11-01-2010 and ending 10-31-2011 A For the 2010 D Employer identification number B Check if applicable American Society of Illustrators Partnership Address change Doing Business As E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (510)409-9604 Terminated G Gross receipts \$ 0 Amended return City or town, state or country, and ZIP + 4 Pleasantville, NY 105701817 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes Brad Holland 96 Greene Street 4th Floor **H(b)** Are all affiliates included? New York, NY 10012 If "No," attach a list (see instructions) H(c) Group exemption number ▶ 「 501(c)(3) **「** Website: ► http://www.asip-repro.org K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ M State of legal domicile DE L Year of formation 2007 Summary Part I Briefly describe the organization's mission or most significant activities ASIP is incorporated to promote the professional development of, and to protect the professional and artistic interests of, professional American illustrators Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 15 15 Number of independent voting members of the governing body (Part VI, line 1b) . 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . 6 24 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 0 2,150 Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . . . 0 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,150 0 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Λ 0 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) -17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 11,839 12,611 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 11,839 12,611 18 19 Revenue less expenses Subtract line 18 from line 12 -9.689 -12,611 Net Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 97,254 410,521 97,052 410,521 21 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 202 0 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any 2012-09-14 Signature of officer Sign Here Cynthia Turner Co-Chair

Check if self Print/Type Preparer's signature PTIN Katherine Krohn Katherine Krohn preparer's name employed 🕨 🔽 2012-09-01 Paid Fırm's name 🕨 Tax Preparation Services Firm's EIN **Preparer** Fırm's address 🕨 7 Eton Court Phone no 🕨 (510) 409-**Use Only** Berkeley, CA 947052715 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. ✓ Yes ┌ No

Type or print name and title

Par	3111	Statement of Pr			ishments estion in this Part III		
1	Brief	y describe the organi	ızatıon's mıssıon				
<u>ASIP</u>	comm	nunicates with collect	ing societies world	lwide to bring	accountability to rep	orographic royalties due Am	erican illustrators
2	the pr	or Form 990 or 990	-EZ?			r which were not listed on	Γ Yes Γ No
	If "Ye	s," describe these ne	w services on Sch	edule O			
3	servi	es?			_	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these ch	anges on Schedul	e O			
4	Section		l (c)(4) organizatio	ns and section	n 4947(a)(1) trusts	largest program services be are required to report the ar service reported	
	(Code		(Expenses \$	10,211	ıncludıng grants of \$	0) (Revenue \$	0)
						within the USA and abroad, to de have generated this income	evelop the means to distribute
4b	(Code	e)	(Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code	e)	(Expenses \$		including grants of \$) (Revenue \$)
4d		er program services (enses \$		dule O) dıng grants o	f\$	0)(Revenue \$	0)
4e	Tota	l program service exp	enses ⊁ \$	10,21	1		

Part IV	Checklist	of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)	_		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
a	gaming (gambling) winnings to prize winners?	1c		
L	return			
U		2b		
1	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
l	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
F	contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
_	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand 13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Voc " has it filed a Form 7.20 to report those payments? If "No " provide an explanation in Schedule O	1/h	I	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

itains a response to any question in					

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tay			
14	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	vende Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	_		
	Thus the organization provided a copy of this form 550 to an inclination governing soay serore ining the form	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	В		
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Cynthia Turner

56 Old Miller Place Santa Rosa Beach, FL 32459

(850) 231-4112

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organiz	atıon nor any re	lated or	ganı	zatıc	n c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi t	tion (that a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Joseph Azar Board of Directors (The Illustrators Club)	8	х						0	0	0
(2) Donald Kılpatrıck At-Large Representative	2	х						0	0	0
(3) Frank M Costantino Board of Directors (American Society of Architectural Illustrators)	2	х						0	0	0
(4) Ken Joudrey Board of Directors (Society of Illustrators of San Diego)	2	х						0	0	0
(5) Chris Payne Board of Directors (National Cartoonists Society)	2	х						0	0	0
(6) Nick Anderson Board of Directors (American Association of Editorial Cartoonists)	2	х						0	0	0
(7) Keith Ferris Board of Directors (American Society of Aviation Artists)	2	х						0	0	0
(8) Brad Holland Co-Chair (Illustrators' Partnership of America)	15	Х		Х				0	0	0
(9) Cynthia Turner Co-Chair (Society of Illustrators)	15	х		х				0	0	0
(10) Dolores Santoliquido Secretary (Guild of Natural Science Illustrators)	2	х		х				0	0	0
(11) Michel Bohbot Treasurer (Society of Illustrators of San Francisco)	2	х		х				0	0	0
(12) Dena Matthews Board of Directors (Association of Medical Illustrators)	2	х						0	0	0
(13) Ilene Winn-Lederer Board of Directors (Pittsburgh Society of Illustrators)	2	х						0	0	0
(14) Joe Cepeda Board of Directors (Society of Illustrators of Los Angeles)	2	Х						0	0	0
										Form 990 (2010)

\$100,000 in compensation from the organization $\blacktriangleright 0$

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours		(tion that a			II		(D) Reportable compensation	(E) Reportable compensation					
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compen: from organizat relat organiza	the ion and ed		
											_				
											+				
											+				
											\top	1			
											4				
											+				
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>			+				
С	Total from continuation sheets						Þ								
d	Total (add lines 1b and 1c) .							•	0		0		0		
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	received more tha	an					
_		cc I										Yes	No		
3	On line 1a? If "Yes," complete Sc					eye •	mpioy •	ee, c	rnignest compens	ated employee	3		No		
4	For any individual listed on line organization and related organization and related organization.										4		No		
5	Did any person listed on line 1a services rendered to the organi									or individual for	5		No		
Se	ection B. Independent Cor	ntractors													
1	Complete this table for your five \$100,000 of compensation from	highest compe		ındep	end	ent d	ontra	ctors	that received mor	e than					
		(A) me and business ad							Desc	(B) ription of services		(C Comper			
	Total number of Independent con	tractors (includi	na hut r	not lu	nite	1 to	those	liste	d above) who recei	ved more than					

	/1111	Statement of Revenue	-		·	.	, ·	Ι
US US	1a	Federated campaigns 1a		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514	
無質り		Membership dues 1b						
56		Fundraising events 1c						
# - કેં	l _	Related organizations 1d						
등	d							
統	e							ļ
美声	"	All other contributions, gifts, grants, and similar amounts not included above						
記さり	g	Noncash contributions included in lines 1a-1f \$						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	. •	0				
		Total Add mes 14 17 1 1 1 1 1 1	Business Code					
alle l	2a		Business Code					
e. Age	ь							-
查 4	c							-
Ş.	d							-
Program Service Revenue	e							
Ē	f	All other program service revenue						
D Q	'	All other program service revenue						
	g	Total. Add lines 2a-2f	►	0				
ļ	3	Investment income (including dividends, inte	rest					
ļ		and other similar amounts)	.					
	4	Income from investment of tax-exempt bond proceeds						
ļ	5	(i) Real	(II) Personal					
	6a	Gross Rents	(II) Personal					
	ь	Less rental						
ļ	c	expenses Rental income 0	0					
ļ		or (loss)						
	d	Net rental income or (loss)						-
	7a	(i) Securities Gross amount	(II) Other					
ļ	"	from sales of assets other						
ļ	١.	than inventory Less cost or						
	b	other basis and						
ļ	c	sales expenses Gain or (loss) 0	0					
ļ	d	Net gain or (loss)	►					
<u>a</u>		Gross income from fundraising events (not including						
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18						
č		a						
<u> 후</u>	ь	Less direct expenses b						
ŏ		Net income or (loss) from fundraising events	►					
	9a	Gross income from gaming activities See Part IV, line 19 . a						
ļ	ь	Less direct						
		expenses						
	c c	Net income or (loss) from gaming activities .						
ļ		Gross sales of inventory, less						
ļ		returns and allowances .						
	_	a						
		Less cost of goods sold b	<u></u>					
	C	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code					-
	11a	MISCENIANEOUS REVENUE	Dusiliess Code					
I	١.							-
			I				i l	I
	b							
	c	All other vous						
	c d	All other revenue						

Part	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
A	l other organizations must complete column (A) but are not required to o			(D)					
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	0		0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0		0					
7	Other salaries and wages	0		0					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0		0					
9	Other employee benefits	0		0	_				
10	Payroll taxes	0		0					
а	Fees for services (non-employees) Management	0		0					
b	Legal	291	291	0					
c	Accounting	0		0	_				
d	Lobbying	0		0					
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees	0		0					
g	Other								
12	Advertising and promotion	980	980						
13	Office expenses	252	50	202					
14	Information technology	125	125						
15	Royalties								
16	Occupancy								
17	Travel	6,900	6,300	600					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	2,130	1,235	895					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)								
а	Delaware registration	703	0	703					
b	Int'l Fed Reprographics Rights Organizations dues	1,230	1,230	0					
С									
d									
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	12,611	10,211	2,400	0				
26	Joint costs. Check here ▶ ☐ If following								
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X Balance Sheet (A) (B) Beginning of year End of year 202 0 1 1 2 2 50,000 3 350.000 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 44.269 5 56,243 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 2,783 7 4,278 8 8 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 97.254 16 410,521 **17** 0 **17** 0 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 350,000 21 50,000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 44,269 22 56,243 23 Secured mortgages and notes payable to unrelated third parties . . 23 2.783 24 24 4,278 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 97.052 26 410.521 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶

and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Fund Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 202 30 0 Assets 0 31 Paid-in or capital surplus, or land, building or equipment fund 31 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds 萝 202 0 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 34 97.254 410.521 34

-	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,61
3	Revenue less expenses Subtract line 2 from line 1	3			-12,61
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4			20
5	Other changes in net assets or fund balances (explain in Schedule O)	5			12,40
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			
Par	Check If Schedule O contains a response to any question in this Part XII		•		No
1	Accounting method used to prepare the Form 990			res	NO
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493261010752

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.						Inspection				
Na	Name of the organization American Society of Illustrators Partnership				oyer identific	ation numbe	er			
AIII					26-1337268					
Pa			dvised Funds or Other Similar F	unds o	r Account	s. Comple	te if the			
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(1) Funds and	other accou	nte			
1	Total number a	at end of year	(a) Donor advised funds	(,) i ulius aliu	other accou	1105			
2		tributions to (during year)								
3		nts from (during year)								
4	Aggregate valu	ue at end of year								
5			sors in writing that the assets held in don organization's exclusive legal control?	nor advis	ed	☐ Yes	┌ No			
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for a			┌ Yes	☐ No			
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	990, Part I	V, line 7.				
2	Preservat Protection Preservat Complete lines	n of natural habitat ion of open space	on or pleasure) Preservation of an Preservation of a Preservation of a field conservation contribution in the form	certified	historic stru	cture				
_	Total number of	of conservation easements			Heid at the	e End of the	Year			
a b		restricted by conservation easements		2a 2b						
C	_	servation easements on a certified his		2D 2c						
d		servation easements included in (c) a	· ·	2d						
3		servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the	e organizatior	during				
4	Number of stat	tes where property subject to conserva	ation easement is located 🗠							
5		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, hand	dling of v	violations, an	d Yes	┌ No			
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents du	rıng the year	<u> </u>				
7	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement:	s durıng	the year ► \$					
8		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No			
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents							
Par			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Oth	er Similar	Assets.				
1a	art, historical t provide, in Par	treasures, or other similar assets held t XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in fur tems	therance of p	ublic service	е,			
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i							
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			► \$					
	(ii) Assets inc	luded in Form 990, Part X			► \$					
2		tion received or held works of art, histo ints required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financ						
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$					

b Assets included in Form 990, Part X

Par	TITE Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	<u>)ther</u>	<u> Simila</u>	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing	that are	a signific	ant us	se of its c	ollectioi	า	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w the	/ furthe	er the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ	Yes	┌ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions or	other ass	ets n	iot	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г	I		Amou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	e 21?				L				Yes	□ No
b			C							'		, 110
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	. Par	t IV. line	10.		
		(a)Current Year)Prior `			Years Back		hree Years		Four Y	ears Back
1 a	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re hel	d and ad	mınıstere	d for t	the			
	organization by (i) unrelated organizations									3a(i)	Yes	No
	(ii) related organizations			•				•		3a(ii)		<u> </u>
ь	If "Yes" to 3a(ii), are the related organization							• •		3b		<u> </u>
4	Describe in Part XIV the intended uses of th										ı	<u> </u>
Pai	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Pai	rt X, lıne	10.				
	Description of investment					or other estment)	(b)Cost or basis (ot		(c) Accu depre		(d) B	ook value
1a	Land											
b	Buildings											
C	Leasehold improvements											
d	Equipment											
	Other		•									
Tota	al. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)				🛌			

Part VIII Investments—Other Securities. See F	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)200K Turuc	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value

Par	Reconciliation of Change in Net Assets from Form 99	<u>0 to Financial Statemer</u>	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 - 8		9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 ar	nd 9	10	
	Reconciliation of Revenue per Audited Financial State		er Re	turn
1	Total revenue, gains, and other support per audited financial statements	-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lin	·	5	
Part	Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements		₁	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses	2c	1	
d	Other (Describe in Part XIV)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, li		5	
Par	t XIV Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin tional information			

Identifier	Return Reference	Explanation
SchD_P04_S00_L02b		A major part of ASIP's mission consists of receiving Non-Title Specific Royalties on behalf of the Rights Holders, and holding them in an escrow account until distributions to the illustrators are made Approximately \$350,000 00 US should now have been placed in escrow, had the funds been transferred to ASIP per contractual agreement

DLN: 93493261010752

OMB No 1545-0047

Schedule L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection**

Name of the organization American Society of Illustrators Partnership							E	mployer i	dent if ica	ation I	number	ı
								26-13372				
Part I Excess Benefit Tran Complete if the organizat										lına 4 (n h	
Complete ii tile organizat	ion ansv	vereu i	es on rom	11 990, F	arciv, ille 23a	01 230,	01 1 01111	1990-62,	raic v,			c)
1 (a) Name of disqualified person				(b) Des	cription	of trans	saction			Corrected?		
											Yes	No
												+
												
2 Enter the amount of tax impose	ed on th	e organ	ızatıon mana	agers or				year unde	r			
section 4958	on line	2 abov	· · ·	· ·	o organization				► \$ — ► \$			
5 Enter the amount of tax, if any	, on nine	2, abov	e, reilliburse	eu by tii	e organization .	• •	• •		·			
Part II Loans to and/or F					D = TV 2.0		000	F7 D- + 1	/ l.m. = 3.0			
Complete if the organiz			Yes on Fo	orm 990	, Part IV, line 26	o, or For	m 990-	(f)		a T		
(a) Name of interested person and	(b) Loan to or from the					(e)		Approved		1 1-	(g)Written	
purpose	organiz	zatıon?	principal a		(d)Balance due	defau	ilt?	by board or committee?		agr	agreement?	
	То	From				Yes	No	Yes	No	Ye	es	No
(1) Brad Holland	l x			17027	19017		No	Yes		Ye	.	
Operating expenses (2) Cynthia Turner	 ^			17,037	18,017		110	165		1'	;5	
to cover costs	Х			23,329	33,093		No	Yes		Υe	es .	
(3) Terrence Brown to cover costs	l x			1,000	2,230		No	Yes		Υe	<u>.</u>	
(4) Alexis Scott	 ^			1,000	2,230		110	163		+'`	-	
to cover costs	X			1,500	1,500		No	Yes		Υe	es .	
(5) Glenda Rogers to cover costs	X			553	553		No	Yes		Υe	۵	
(6) Bruce Lehman	 						1	1		 	-	
to cover costs	X			850	850		No	Yes		Υe	≥s	
(7) Katherine Krohn to cover costs	X			2,783	4,278		No	Yes		Υe	es	
Total				▶ \$	60,521		1					
Part IIII Grants or Assistan										·		
Complete if the orga	nizatio				rm 990, Part I\ en interested pe		27.					
(a) Name of interested pers	on	(B	-	•	ien interested pe ganization	rson	1 A (၁)	mount of g	rant or t	ype of	assist	ance
						-						

Part IV Business Transactions In Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharır organizati revenue	
	organization			Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 26-1337268

Name: American Society of Illustrators Partnership

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) I n default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
Brad Holland O perating expenses	х		17,037	18,017		No	Yes		Yes	
Cynthia Turner to cover costs	х		23,329	33,093		No	Yes		Yes	
Terrence Brown to cover costs	х		1,000	2,230		No	Yes		Yes	
Alexis Scott to cover costs	х		1,500	1,500		No	Yes		Yes	
Glenda Rogers to cover costs	х		553	553		No	Yes		Yes	
Bruce Lehman to cover costs	х		850	850		No	Yes		Yes	
Katherine Krohn to cover costs	х		2,783	4,278		No	Yes		Yes	

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization	Employer identifi	cation number
American Society of Illustrators Partnership		
	26-1337268	

Identifier	Return Reference	Explanation
F990_P06_S0A_L05	Form 990, Part VI, Section A, Line 5	American Society of Illustrators Partnership ASIP became aware during the fiscal year that in excess of \$300,000 00 that was supposed to have been turned over to ASIP for distribution to American illustrators has neither been transferred to ASIP, distributed to illustrators, nor accounted for These royalties, repatriated in accordance with The Berne Convention Treaty and the International Federation of Reprographic Rights Organizations IFRRO, are explicitly required to be returned to the illustrators whose work may be presumed to have generated the income, by virtue of publication and availability
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	American Society of Illustrators Partnership is a coalition of professional societies. Each society sends a representative to sit on the Board of Directors. The Board elects officers
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Board members take any decisions or proposals made by the Board of Directors back to their home organizations for discussion, debate, and approval
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The co-chairs, assisted by a third board member, review, discuss and adjust the 990, and schedules and attachments, by conference telephone calls, and emails, in consultation with ASIPs tax matters person
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	All documents required to be made available to the public may be obtained by a written request to the American Society of Illustrators Partnership, accompanied by a reasonable fee for postage and handling
F990_P10_S00_L03	Form 990, Part X, Line 3	The amount in Part X, Lines 3 and 21 represents foreign royalties due American illustrators that were collected by ASIP member, the Society of Illustrators, and promised to ASIP under contract, but never paid ASIP believes additional foreign royalties in excess of \$300,000 were collected by the Society of Illustrators during the fiscal year and also withheld, in breach of a pre-existing agreement to function as a pass-through entity for such royalties
F990_P11_S00_L05	Form 990, Part XI, Line 5	The funds used to cover expenses were lent to ASIP by officers and other volunteers